

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** LSS RANDYS LANE (410414)

**Address:** N224 RANDYS LN, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1996

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094994      **End Date:** 05/19/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091806      **End Date:** 11/12/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009225    Served 01/15/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	05/19/2005	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	05/19/2005	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	05/19/2005	Yes
83.21(4)(n)2	FREE OF SECLUSION	05/19/2005	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 01/13/2004      **SOD #**10009225      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---13.05(23)  
FORFEITURE---13.05(3)(a)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/16/2005**

**Date Investigation Completed: 05/19/2005**

Subject Area(s)

ABUSE  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/29/2005**

**Date Investigation Completed: 05/19/2005**

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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